



COMMONWEALTH OF KENTUCKY

Department Of Insurance

P.O. Box 517

Frankfort, Kentucky 40602-0517

PROPERTY AND CASUALTY DIVISION

KENTUCKY CERTIFICATION OF INDUSTRIAL INSURED STATUS

PURSUANT TO KRS 304.11-020

THIS IS A ☐ NEW FILING ☐ RENEWAL OF FILING # _____

THE UNDERSIGNED, ON BEHALF OF _____ (THE "INSURED")
CERTIFIES THAT THE INSURED MEETS THE FOLLOWING QUALIFICATIONS OF AN INDUSTRIAL INSURED
UNDER KENTUCKY LAW:

1. _____, A FULL-TIME EMPLOYEE OF INSURED, HAS BEEN
APPOINTED TO BE THE INSURANCE BUYER AND/OR MANAGER FOR INSURED: AND
2. THE ESTIMATED ANNUAL PREMIUMS FOR ALL RISKS, *EXCLUSIVE OF LIFE AND HEALTH
INSURANCE*, PAID BY INSURED TOTAL AT LEAST \$25,000; AND,
3. INSURED HAS AT LEAST 25 FULL TIME EMPLOYEES: AND,
4. INSURED WAS QUALIFIED AS AN INDUSTRIAL INSURED AS OF JULY 1, 1999.

DATED: _____

BY: _____
SIGNATURE OF AUTHORIZED INDIVIDUAL

TITLE OF AUTHORIZED INDIVIDUAL

OF: _____
NAME OF INSURED ENTITY

ADDRESS OF INSURED ENTITY

ADDRESS OF INSURED ENTITY

FEDERAL EMPLOYER IDENTIFICATION NUMBER

FOR DEPARTMENT USE ONLY

REGISTRATION FILE # _____

REGISTRATION DATE _____

EXPIRATION DATE _____